Fill in this information to identify	your case:					
United States Bankruptcy Court for	r the:					
Middle District of Tennesse						
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13			☐ Check if this is a amended filing		
Official Form 201						
Voluntary Petitic	on for Non-In	dividuals Fil	ing for Banl	Kruptcy 06/22		
If more space is needed, attach a s number (if known). For more infor						
1. Debtor's name	Hidden Acres Healt	hcare LLC				
 All other names debtor used in the last 8 years 	dba Mount Pleasant Health and Rehab Co		enter			
Include any assumed names, trade names, and doing business as names						
3. Debtor's federal Employer Identification Number (EIN)	81-1186078					
4. Debtor's address	Principal place of business		Mailing address, if of business	different from principal place		
	904 Hidden Acres I	904 Hidden Acres Dr		485 Central Avenue NE		
	Number Street		Number Street			
			P.O. Box			
	Mount Pleasant	TN 38474	Cleveland	TN 37311		
	City	State ZIP Code	City	State ZIP Code		
	Maury County		Location of princip principal place of b	al assets, if different from ousiness		

Number Street

| Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Street | Number | Stre

De	btor Hidden Acres Healthcare LLC	Case number (if known)			
	Name				
7.	Describe debtor's business	A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the above			
		B. Check all that apply:			
		Tax-exempt entity (as described in 26 U.S.C. § 501)			
		☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)			
		☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))			
		NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.naics.com/search/ . 6231			
_	Under which chanter of the	Check one:			
8.	Under which chapter of the Bankruptcy Code is the	☐ Chapter 7			
	debtor filing?	☐ Chapter 9			
		☑ Chapter 11. Check all that apply:			
	A debtor who is a "small busines debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 1 (whether or not the debtor is a "small business debtor") must check the second sub-box.	The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate			
		12b-2.			
		Chapter 12			
9.	Were prior bankruptcy cases	☑ No			
	filed by or against the debtor within the last 8 years?	Yes. District When Case number			
	If more than 2 cases, attach a separate list.	District When Case number			
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1.	□ No □ Yes. Debtor TROUSDALE PROPERTY HOLDINGS Relationship District Mhen 08/30/22 MM / DD /YYYY			
	attach a separate list.	Case number, if known			

Del	btor	Hidden Acres Healthcare LLC		Case number (if know	vn)	
		Name				
11.	Why is t	the case filed in <i>this</i>	Check all that apply:			
	aistrict		Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.			
			☐ A bankruptcy case concern	ing debtor's affiliate, general partner,	or partnership is pending in this district.	
12.	possess	e debtor own or have sion of any real y or personal property	☑ No ☐ Yes. Answer below for each	n property that needs immediate atten	ition. Attach additional sheets if needed.	
	that nee	eeds immediate on?	Why does the proper	ty need immediate attention? (Chec	ck all that apply.)	
	attentio		☐ It poses or is allege	ed to pose a threat of imminent and id	dentifiable hazard to public health or safety.	
			What is the hazard?			
			☐ It needs to be phys	sically secured or protected from the v	weather.	
☐ It includes perishable goods or asset attention (for example, livestock, sea			attention (for exam	iple, livestock, seasonal goods, meat,		
			assets or other opt	·		
			Other			
			Where is the property	y? Number Street		
				Number Street		
				City	State ZIP Code	
			Is the property insure	ed?		
			□ No			
			Yes. Insurance agen	icy		
			Contact name			
			Phone			
			Thone		_	
	S	tatistical and administ	rative information			
	D .141		Observations			
13.	availabl	s estimation of e funds	Check one:	distribution to unsecured creditors.		
					lable for distribution to unsecured creditors.	
			· .	· 		
14	Estimate	ed number of	1-49	1,000-5,000	25,001-50,000	
	creditor		□ 50-99 □ 100-199	□ 5,001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than 100,000	
			200-999	10,001-23,000	iviole than 100,000	
			\$0-\$50,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion	
15.	Estimat	ed assets	\$50,001-\$100,000	\$10,000,001-\$10 million	\$1,000,000,001-\$1 billion	
			\$100,001-\$500,000	□ \$50,000,001-\$100 million	☐ \$10,000,000,001-\$50 billion	
			□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion	

Debtor _	otor Hidden Acres Healthcare LLC		Case number (if known)			
16. Estimated liabilities		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million				
		laration, and Signatures				
WARNING		rious crime. Making a false st nt for up to 20 years, or both.			e can result in fines up to	
	on and signature of d representative of	The debtor requests rel petition.	ief in accordance with the cha	pter of title 11,	United States Code, specified in this	
		I have been authorized to file this petition on behalf of the debtor.				
		I have examined the inf correct.	ormation in this petition and h	ave a reasonat	ole belief that the information is true and	
		I declare under penalty of p	erjury that the foregoing is tru	e and correct.		
		Executed on 08/30/20)22			
		✗ /s/ Thomas John		Thomas	Johnson	
		Signature of authorized rep		Printed name		
		Title President				
18. Signature	of attorney	✗ /s/ Robert Gonza	ales	Date 0	8/30/2022	
		Signature of attorney for de	ebtor	MN	/ / DD / YYYY	
		Robert Gonzales	.			
		Printed name EmergeLaw, PL0				
		Firm name 4000 Hillsboro P	ike 1112			
		Number Street Nashville		TN		
		City		State	ZIP Code	
		6158151535 Contact phone		robert@emerge.law Email address		
		016705		TN		
		Bar number		State		

Functional Pathways 10133 SHERRIL BLVD SUITE 200 KNOXVILLE, TN 37932

United States Bankruptcy Court Middle District of Tennessee

In re: Hidden Acres Healthcare LLC	Case No.		
Debtor(s)	Chapter 11		
Verification of Creditor Matrix			
The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.			
Date:08/30/2022	/s/ Thomas Johnson		
	Signature of Individual signing on behalf of debtor		
	President		
	Position or relationship to debtor		